were administered surfactant, and 30% received antibiotic therapy. The risks of neonatal diseases increased with decreasing GA, with odds ratios ranging from 2.1 to 23. Low birth weight for GA was more common at lower GA and was associated with increased risks for morbidity.

Conclusions: Despite general advances in perinatal care, moderately preterm infants still face substantially increased risks for neonatal diseases, and these risks increase linearly as GA decreases. Whereas neonatal morbidity was similar to results of previous reports, management of respiratory problems was found to differ markedly from other studies.

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INCREASED RISK OF CEREBRAL MRI PATHOLOGY AND NEUROIMPAIRMENTS IN ADOLESCENTS BORN AS LATE PRETERMS WITH VERY-LOW-BIRTH-WEIGHT (VLBW)

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Backgrounds and aims: Studies of moderate to late preterms have reported increased risk of neuroimpairments in this group of children. The aim of study was to report neurodevelopment and MRI findings in adolescence in two groups of very low birth weight (1500 g) children: one very preterm with gestational age (ga) < 30 weeks and one moderate to late preterm group with ga = 30-35 weeks, compared with term born controls.

Methods: Thirty-eight very preterms, 25 moderate/late preterms and 83 term born controls were evaluated with the following tests: M-ABC, Grooved Pegboard, VMI, WISC-III, Wisconsin Card Sorting, Stroop, Knox Cube and Trail Making tests to investigate motor, perceptual, cognitive and executive functions at age 14. Morphometric MRI and DTI were performed to assess signs of perinatal cortical and white matter pathology.

Results: The clinical test scores were similar in the two preterm groups, and significantly worse than in controls. Both preterm groups had more MRI pathology like ventricular dilatation, white matter reduction, and thinning of corpus callosum than controls. On quantitative MRI both preterm groups had similar and lower FA values in most major tracts compared with controls. They also shared mostly the same areas with cortical thinning compared with controls.

Conclusions: The moderate preterm adolescents had similar neuroimpairments compared to very preterms despite less perinatal illness at age 14. Quantitative MRI measurements showed that white matter microstructure and cortical development were similarly affected in the two preterm groups, which may explain the clinical results.

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EPIDEMIOLOGICAL CHARACTERISTICS OF ESOPHAGEAL ATRESIA IN EUROPE, 1222 CASES

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The objective of this study was to describe prevalence and epidemiologic data on esophageal atresia from 23 well-defined European regions and to compare prevalences between these regions. We wanted to characterize the cases as syndromic, multiple malformed or isolated. Furthermore we wanted to characterize the cases with regards to gender, birth type, gestational age, birth weight and survival.

The study is based on data from 23 European registries of congenital malformations (EUROCAT). For further details see www.eurocat.ulster.ac.uk/memberreg/. All cases with ICD9 and ICD10 code with EA born 1987-2006 were included. The total number of births was 5,027,181.

1222 cases of EA were recorded giving an overall prevalence of 2.43 per 10,000 births. There were large regional differences in the prevalence. Also the prenatal detection rates showed large regional differences.

57.3% of cases were boys. 70.5% had a tracheo-esophageal fistula along with the atresia.